

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-898)

10/511450

CLAIMS

AS FILED	AFTER		AFTER	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓	↓	↓
TOTAL DEP.	4	←	←	←
TOTAL CLAIMS	7			

AS FILED	AFTER		AFTER	
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TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				